****				HTSU1858655887846711C485711111558711111115847711111
(050) Cari	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
				annona. Saamaan ahamasaan ka maanna saanna manan ja
<010>	Study Area Code	···	448036	-14,,
<015> <020>	Study Area Name		Texas 10, LLC	
<030>	Program Year Contact Name - Person USAC should contact regarding this	c data	2016	
<035>	Contact Telephone Number - Number of person identified		Chad Strausbaugh 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified		cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number 1	7235110		
<111>	Filtra Constant North	exas 10, LLC		
<112>	- Marie - Bille - Control			
<113>	Storest Address (copped)	exas 10, LLC 170 Devon Park Dri		
<114>	-		ve, suite 104	
		ayne		
<115>	State P2			
<116>		9087		This -
<117>		105356474 ext.		
<118>		106885209		
<119>	Email Address	strausbaugh@cellone	enation.com	
<120> <121> <122> <122> <123> <124> <124> <125>	Filing Carrier Name Street Address (or PO Box) City State PA	nad Strausbauch exas 10, LLC 170 Devon Park Driv ayne A	ve Snite 104	
<126>	Telephone Number 61	105356474 ext.		
<127>	Fax Number 61	106885209		
<128>	Email Address cs	strausbaugh@cellone	enation.com	
Authorized	d Agent Information if no agent, indicate in this box ✓			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
				71-97
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report	FCC Form 690
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	OMB Control No. 3060-1185
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<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
(020>	Program Year	2016
:030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	

	448036_CPRd_TX.zip
Coverage and Performace attachments	

<c3> <d>> <141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> Total Certify that Road Road Miles per Miles Coverage and Road Resident Total Resident Miles Census covered Performance data Resident Population Population Block is uploaded per per Newly Population per Newly Reached Reached by (Yes/no) Census Census State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

	•	
0		0
Percentage of Total	Perce	ntage of Total
Population Reached by	Road N	Ailes covered
Service	l b	ov Service

100 CO 10		CC Form 690
(070) Urban Rate Comparability Certification Compliance		CC Form 050
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		OMB Control No. 3060-1185
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		age 4 of 8

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or E	mployee as to Compliance with 47	CFR §54.1009(a)(4)	
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formation and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC	. P. C.		
Signature of Authorized Officer:		<u> </u>	Date	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448036	Filing Due Date for this form:	07/01/2016	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)			
lame of Authorized Agent:			
lame of Reporting Carrier:			
ignature of Authorized Officer or Employee:	Date:		
rinted name of Authorized Officer or Employee:			
itle or position of Authorized Officer or Employee:			
elephone number of Authorized Officer or Employee:			
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:		

	I have the state of the state o	
	d to submit the certification on behalf of the reporting carrier; I have provided the data	i reported herein based on
data provided by the reporting carrier; and, to the best of m	mowledge, the information reported herein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date	
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agen		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

(080) Triba	Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448036	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding the	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on t			

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	- <u></u>
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	397124.92
<203>	Total Mobility Fund Support Disbursed	377585.90
<210>	Actual Completion Date	08/13/2015
<211>	Project Status Description (attached)	448036_PSD_TX.pdf
		j
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	
/-		
<218>	Network will Support 3G/4G Mobile Service ?) 3G O 4G

(101) Certification - Reporting Carrier	FCC Form 690
(TOT) restauration - wehatring corner	
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	Approved by Claib
	man a la corrector
	OMB Control No. 3060-1185
	Page 7 of 8
	ragerola

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the					
best of my knowledge, the information reported on this fo	m and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer: Chad Strausbaug	1				
Title or position of Authorized Officer: Staff Counsel					
Telephone number of Authorized Officer: 6105356474	ext.				
Study Area Code of Reporting Carrier: 448036	Filing Due Date for this form: 07/01/2016				
Persons willfully making false statements on this form of	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

•	
MAN Faction - Agent I Farrier	Form 690
(102) Certification - Agent / Carrier	
AD .	proved by OMB
and the state of t	
ON THE PROPERTY OF THE PROPERT	IB Control No. 3060-1185
Pa .	ze8of8

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

l certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; π agent; and, to the best of my knowledge, the reports and	y responsibilities include ensuring the accuracy of the data reporting re	tion reported on behalf of the reporting carrier. I quirements provided to the authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

	Certification of Agent Auth	orized to File for Mobility Fund Recipients on Behalf of Repo	rting Carrier
i, as ag	gent for the reporting carrier, certify that I am auted and herein based on data provided by the reporting	thorized to submit the reports for Mobility Fund recipients on behalf of g carrier; and, to the best of my knowledge, the information reported	the reporting carrier; I have provided the data herein is accurate.
Name	of Reporting Carrier:		
Name	of Authorized Agent Firm:		
Signat	ure of Authorized Agent or Employee of Agent:		Date:
Name	of Authorized Agent Employee:		
Title o	r position of Authorized Agent or Employee of Age	ent	
	none number of Authorized Agent or Employee of		
	Area Code of Reporting Carrier:	Filing Due Date for this form:	
		m can be punished by fine or forfeiture under the Communications Act of 1934, 18 of the United States Code, 18 U.S.C. § 1001.	47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

й					611160	10/10/11	11670	3937/67	Report
8	CIDL	3 20 1	722 gol-	(20	(T) E 2	(-) # (e)	200	1 8 2	1 - 0 0 1 2 2
ž	2282836	Barbaria.	Victoria de la constante de la	25/11/9		11571651	2017/02/0		33.50

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<a2> <a>ca2> <a>ca3> <a>cb1> <a>cb2> <a>cb2> <a>cb3> <a>cc1> <a>cc2> <a>cc2 <c3> <d><d>< <a1> Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Population Road Miles per Census Population Resident covered per data is uploaded Newly Reached by Service Population per Reached by per Census **Block Newly** Census Block (yes/no) Reached Block Service State County Census Block Census Block San Augustine 0000 Yes 0 0 0.0 ТX 0.0 0.0

Percentage of
Total Population
Reached by
Service

0			
l			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448036

County/State: San Augustine, TX Total Award Amount: \$397,124.42

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

D2850002046	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
	Study Area Code	448037	Accepted / Filed
<015>	Study Area Name	Texas 10, LLC	JIIN 172010
<020>	Program Year	2016	00N 17 2016
<030>		Chad Strausbaugh	Federal Communications Commissio Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y)	<u>(N)</u> <040>
	<041> Attach a description of the documents fil	led with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or Noj	O •

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Salara Salar		***************************************		0.000
(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448037	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding th		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>		1170 Devon Park Dri	ve, Suite 104	-
<114>	•	Wayne		
<115>	•	PA	-	
<116>		19087		
<117>	Tolombono Mumbor		. ***	
<118>	Fav Number	6105356474 ext.		
<119>	Email Address	6106885209		
		cstrausbaugh@cellon	enation.com	
<120> <121> <122> <122> <123> <124> <125>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code	Chad Strausbaugh Pexas 10, LLC 1170 Devon Park Driv Wayne PA	we Suite 104	
<126>	Telephone Number	5105356474 ext.		
<127>	Fax Number	5106885209		
<128>	Email Address	strausbaugh@cellon	enation.com	
<u>Authorize</u>	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
	-			
<131>	Company	·		
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number		e-	
<137>	Fax Number		15,0,-55	
<138>	Email Address			
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(060) Coverage and Performance Report		FCC Form 690 Ap proved by OMB
		OMB Control No. 3060-1185
		Page 3 of 8

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	

	448037_CPRd_TX.zip	
Coverage and Performace attachments		

<b3> <c1> <c2> <c3> <d>< <b2> <141> <a2> <a3> Total Certify that Road Miles per Miles Coverage and Road Total Resident | Miles Census Performance data Resident covered is uploaded Resident Population Population per Block per Population per **Newly Reached** Reached by Census Newly Census (Yes/no) Block Block Reached Service County Census Block Census Block by Service -- \$ee attached worksheet

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

	CC Form 690
(070) Urban Rate Comparability Certification Compliance	ACTOINI 020
Intel Other water combination construction and the second	
Ar	pproved by OMB

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3	MB Control No. 3060-1185
9	age 4 of 8

<010> Study Area Code		448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<030>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	Certification of Officer or E	imployee as to Compliance with 47 CFR §54.1009(a)(4)			
I certify that I am an officer or employee of form and in any attachments is accurate.	certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas	as 10, LLC				
Signature of Authorized Officer:		Date			
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448037	Filing Due Date for this form: 07/01/2016			
	nts on this form can be punished b under Title	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	re an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
Leastifus that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pu ui	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authoriz	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of n	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Study Area Code of Reporting Carrier:	

(080) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448037	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding thi		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified			
<039>	Contact Email Address - Email Address of person identified	d in data line <030	cstrausbaugh@cellonenation.com	1
<142>	State _			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	-			
	-			
J1 455	Tribal Covernment Engagement Obligation			
<145>	Tribal Government Engagement Obligation	Name of Attached Doc	ument (pdf)	
	•	nume of Attached Doct	umem (puj)	
	If your company serves Tribal lands, please select (Yes, No each of these boxes to confirm the status described on the	e attached	or	
	PDF, on line 145, demonstrates coordination with the Tri government pursuant to § 54.1004 includes:	bal		
		Г	Color	
		۱,	Select	
<146>	Needs assessment and deployment planning with a focus		(es, No, Not Applicable)	
J1 475	Feasibility and sustainability planning;			
<147>	reasionity and sustainability planning;			

Page 5

<148>

<149>

<150>

<151> <152>

<153>

<154>

Marketing services in a culturally sensitive manner;

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

Compliance with Rights of way processes

Compliance with Facilities Siting rules

(090) Project I	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200> <201>	Date Authorized to Receive Support Targeted Completion Date	08/16/2013 08/17/2015
<202>	Total Mobility Fund Support Awarded	225000.00
<203>	Total Mobility Fund Support Disbursed	222817.50
<210>	Actual Completion Date	08/13/2015
<211>	Project Status Description (attached)	448037_PSD_TX.pdf
<212> <213> <214> <215>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	{Name of PDF attached}
<216> <217>	Project Budget Status Project Plan Status	✓
<218>	Network will Support 3G/4G Mobile Service ?) 3G O 4G

Page 7 of 8	MB 1. 3060-1185
<010> Study Area Code 448037	mmamaman eeste mastes k
<015> Study Area Name Texas 10, LLC	
<020> Program Year 2016	
<030> Contact Name - Person USAC should contact regarding this data Chad Strausbaugh	
<035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

	ies include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the
pest of my knowledge, the information reported on this form and in	any attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
Fitle or position of Authorized Officer: Staff Counsel	
Felephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448037	Filing Due Date for this form: 07/01/2016

(102) Certification - Agent / Carrier	44	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the repo	rting carrier. I
also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	esponsibilities include ensuring the accuracy of the data reporting requirements provided to the authori ta provided to the authorized agent is accurate.	zed
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form ca	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonmen under Title 18 of the United States Code, 18 U.S.C. § 1001.	t

Certification of Agent Author	orized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier
	horized to submit the reports for Mobility Fund recipients on beha g carrier; and, to the best of my knowledge, the information repor	
Jame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Age	nt	
elephone number of Authorized Agent or Employee of A	Agent:	·
	Filing Due Date for this form:	

Attachments

(060) Coverage and Performance Rep				
Anni chaciele our Leitoi mauce uch	WIL			CC Form 690
				pproved by OMB
				Thin sea of Civip
				MB Control No. 3060-1185
		and the state of t	THE STANDARD STANDARD TO SHOULD SHOULD SHOULD SHOW SHOW	110118331101118311011831183118383110316531138

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<31>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	461 3	<c2></c2>	< ¢3>	<₩
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
ТX	Shelby	0000	0	0	0	0.0	0.0	0.0	Yes

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						····			
		***						-70-	·
						77			

Percentage of
Total Population
Reached by
Service

0	_	_	

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448037

County/State: Shelby, TX

Total Award Amount: \$225,000.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

1 1 1 1 W	Fund - \$54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448038		Accepted / Filed
<015>	Study Area Name	Texas 10, LLC		JUN 172016
<020>	Program Year	2016		Federal Communications Commission
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(/N) <040> O	•
		no round no reporting		
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<0 9 0>	Tribal Lands Banastins (u/s2)			
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	\odot

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Ca	rrier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
242		os xou amening quanto mornor age		
<010>	Study Area Code		448038	
<015> <020>	Study Area Name Program Year		Texas 10, LLC	
<030>	Contact Name - Person USAC should contact regarding thi	is data	2016	
<035>	Contact Telephone Number - Number of person identified		Chad Strausbaugh	
<039>	Contact Email Address - Email Address of person identifie		6105356474 ext. cstrausbaudh@cellonenation.com	
Reportin	g Carrier / Mobility Fund Phase 1 Winning Bidder	- <u>-</u> -	CELTAUSPAUGHWEETTOHEHACTOH.COM	· · · · · · · · · · · · · · · · · · ·
<110>	FCC Registration Number 17235110			
<111>	Filing Carrier Name Texas 10, Li			
<112>	Winning Bidder Contine Name		· · · · · · · · · · · · · · · · · · ·	
<113>	- C	exas 10, LLC		
<114>		.170 Devon Park Dri	ve, suite 104	
<115>	- State	layne		
	<u>-</u>	PA .		
<116>	_	9087		
<117>		105356474 ext.		
<118>	Fax Number 6	106885209		
<119>	Email Address	strausbaugh@cellone	enation.com	
Contact II	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	and Stromahaush		
<121>	Eiling Carrier Nome	aad Strausbaugh exas 10, LLC		
<122>	Street Address (or PO Box)	······································		
<123>	City	L70 Devon Park Driv	e Suite 104	
<124>		ayne		
	State	1		
<125>		9087		
<126>	Telephone Number	05356474 ext.		
<127>	Fax Number 61	106885209		
<128>	Email Address cs	trausbaugh@cellone	nation.com	
	-			
<u>Authorize</u>	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State	•		
	_			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
				